

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13055

FILED APR 7 1953

BIRTH NO. 75		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar No. 69	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived prior to residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			
d. FULL NAME OF DECEASED <u>Barney</u>				d. STREET ADDRESS <u>2209</u>			
3. NAME OF DECEASED (Type or Print) <u>Barney</u>				4. DATE OF DEATH (Month) <u>Mar</u> (Day) <u>27</u> (Year) <u>1953</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 9, 1883</u>	
9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>0</u>		11. DAYS <u>18</u>		12. HOURS <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Slave founder work</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Peter Roer</u>				13b. MOTHER'S MAIDEN NAME <u>Josephine Kerner</u>			
14. NAME OF HUSBAND OR WIFE <u>—</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>			
16. SOCIAL SECURITY NO. <u>—</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Barney</u>			
18. ADDRESS <u>—</u>				19. ADDRESS <u>—</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>—</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis - 4222</u>			
19a. DATE OF OPERATION <u>—</u>				19b. MAJOR FINDINGS OF OPERATION <u>—</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. DATE OF OPERATION <u>—</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>		21d. HOW DID INJURY OCCUR? <u>—</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>		21g. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>May 1, 1950</u> , to <u>Mar 27, 1953</u> , that I last saw the deceased alive on <u>Mar 26, 1953</u> , and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Barney</u>				23b. ADDRESS <u>—</u>		23c. DATE SIGNED <u>3/27/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>—</u>		24b. DATE <u>3/27/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-3-53</u>		REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>—</u>		ADDRESS <u>—</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed_____

Percy F. Milster

Licensed Embalmer No. *4805*

P. O. Address *Nevada, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.